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Bib Data Sheet

CONFIRMATION NO. 4032

<b>SERIAL NUMBER</b> 09/920,252	<b>FILING DATE</b> 08/01/2001 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2613	<b>ATTORNEY DOCKET NO.</b> AGFA 246 KFM	
<b>APPLICANTS</b> Thomas Groschup, Rosenheim, GERMANY; Thomas Schuhrke, Muenchen, GERMANY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 100 41 750.7 08/25/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/11/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Karl F. Milde, Jr., Esq. MILDE, HOFFBERG & MACKLIN, L.L.P. Suite 460 10 Bank Street White Plains, NY 10606					
<b>TITLE</b> Reflected or transmitted light scanner and image processing method for scanned-in image samples					
<b>FILING FEE RECEIVED</b> 818	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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SERIAL NUMBER 09/920,252	FILING DATE 08/01/2001  RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. AGFA 246 KFM
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**APPLICANTS**

Thomas Groschup, Rosenheim, GERMANY;

Thomas Schuhrke, Muenchen, GERMANY;

 \*\* CONTINUING DATA \*\*\*\*\* *None* *WZP*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes* *WZP*  
 GERMANY 100 41 750.7 08/25/2000
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/11/2001

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>WZP</i> Initials <i>WZP</i>				

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**TITLE**

Reflected or transmitted light scanner and image processing method for scanned-in image samples

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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